

What income you must list: List all income received **last month** by each person listed on Page 1 of this form. You must list:

- All wages from all jobs (total earned before deductions for taxes, Social Security, etc.)
- Monthly welfare payments, unemployment compensation or child support payments
- Monthly retirement, pension or Social Security payments
- Any other income received **last month** such as disability payments, workers' compensation and strike benefits

Note: If anyone's income for last month was higher or lower than usual, list that person's **average** monthly income. For example, self-employed people, farmers and seasonal workers should list their average monthly income.

Nondiscrimination: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call 866-632-9992 (toll free), 202-260-1026, or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

Foster Children: In some cases foster children may receive free or reduced-price meals regardless of your household income. If you have foster children living with you, please contact the school for special instructions on completing this application.

The Code of Federal Regulations (7 CFR Parts 225 and 226) and Sections 9, 13 and 17 of the National School Lunch Act require that in order for your child to be eligible for free or reduced-price meals, the adult household member signing the form must provide his Social Security number (or indicate "None" if he does not have a Social Security number) if a Food Stamp or TANF case number is not provided for your child. Provision of this Social Security number is not mandatory, but failure to provide the number will result in denial of the application for free or reduced-price meals. This notice must be brought to the attention of the adult household member signing this form. The Social Security number may be used in carrying out efforts to verify the correctness of information stated on the application. The verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting the state employment security office to determine the amount of benefits received, contacting the TANF or Food Stamp office to verify current certification, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss of benefits, administrative claims or legal action if incorrect information is reported.

Note: A new application is required every 12 months.

For Institutional Use Only																																		
Applicants are REQUIRED to provide the following information:																																		
For Eligibility Based on Family Size and Income — (1) Name of child enrolled; (2) Names of all other household members; (3) Social Security number of adult household member signing the form; (4) Each household member's income and the source of income; and (5) Signature of adult household member.																																		
For Eligibility Based on Food Stamps or TANF — (1) Name of child enrolled; (2) TANF or Food Stamp case number; and (3) Signature of adult household member.																																		
The additional items requested are not required as a condition of eligibility.																																		
Received by: _____	_____	_____	_____	_____																														
Signature – Institution Representative	Date																																	
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